Attendees

Dr Michael McBride – Chief Medical Officer, DoH
Dr Paddy Woods – Deputy Chief Medical Officer, DoH
Hugh McCaughey – CEO SEHSCT
Brian Godfrey, Safety Strategy Unit, DoH
Gillian Hynes, Safety Policy Branch, DoH
Richard Magowan, Safety Policy Branch – DoH – (Secretariat)

Apologies
Sean Holland – Chief Social Services Officer, DoH
Jackie Johnston - Deputy Secretary, DoH
DoH
Valerie Watts – CEO HSCB/PHA
Ann McGlone – Willowbank Community
Dr Anne Kilgallen – CEO WHSCT
Dr Adrian Mairs - Director of Public
Charlotte McArdle – Chief Nursing Officer,
Health/Medical Director - PHA
DoH

The Co-Chair of Q2020 Implementation Team and the Q2020 Project Manager were present for Agenda items 7 – 15
Mary Hinds, Director of Nursing and Allied Health Professionals, PHA
Grainne Cushley, Q2020 Project Manager – PHA

1. Welcome and Introduction

1.1. Dr McBride welcomed all attendees and apologies were noted.

2. Minutes of the Meeting on 19 January 2018

2.1. Dr McBride advised that minutes of the previous meeting on 19 January 2018 were circulated to both the Steering Group and Implementation Team for comment on 30 January 2018. No changes were suggested by members. Members were content and agreed the minutes of the last meeting.

3. Action Points

Paper DoH2
3.1. Dr McBride referred attendees to the eight Action Points from the previous meeting detailed in paper 2. All five of the Action Points for the Department are complete. The three action points attributed to the Implementation Team were addressed at agenda item 6. Mr Godfrey gave an update on each of the Department’s action points.

3.2. **AP1: Complete** - It was suggested that the risk register be reviewed with a view to changing some risk likelihoods to low in order to reduce the overall risk level from high to medium. This was addressed at agenda item 4.

3.3. **AP2: Complete** - This action point was in relation to the National Clinical Audit Programme (NCAP). This was discussed further following the last Steering Group meeting and it was decided that Dr McBride would give further consideration to NCAP and other audits outside of the Q2020 Strategy. Dr McBride advised that this is more suited to Delivering Together and not Quality 2020 Strategy, however it may be useful to seek an update in future.

3.4. **AP3: Complete** - This action point was in relation to the National Clinical Audit Programme (NCAP). As per action point 2.

3.5. **AP4: Complete** - Following consideration by the task and finish group it was agreed that it would not be beneficial to involve service users in the initial Healthcare Complaints Analysis Tool (HCAT) pilot. Mr Godfrey advised that should the pilot prove successful further consideration will be given by each Trust during their adoption of the HCAT model. General discussion reflected the need to share what is being done through Trusts Patient and Public Involvement (PPI) arrangements.

**Action Point 1 – Safety Strategy Unit** - To ask Trusts to engage with their PPI.

3.6. **AP5: Complete** - Safety Policy Branch met with the Q2020 Implementation Project Manager to discuss and agree a more robust procedure for the timely provision of documentation for Steering Group. A formal template for changes to the scope or timescales for project tasks that will need Steering Group approval was also agreed. As agreed the papers were provided by Implementation Team two weeks in advance of the 8 June meeting. This allowed Safety Policy Branch to issue papers to members...
seven days before the meeting to allow members time to read and consider the documentation.

4. Risk Register

4.1. At the Q2020 Steering Group meeting on 19 January 2018 it was decided that it would be best to await the outcome of the HSCQI work before making changes to the risk register. Furthermore, Dr Woods was preparing a paper for Transformation Investment Group (TIG) which would help in deciding the appropriate outcomes.

4.2. The risk register was revised in February 2018 to include a short summary sheet at the beginning of the document followed by a more detailed report that includes the risk score at the outset of the project. The risk register was then issued to members for comments and approval by written procedure on 28/02/2018. Replies were received from four members however no further comments received. The risk register was therefore approved by written procedure in March 2018.

4.3. Ms Hynes gave an overview of each risk as of February 2018, highlighting the main changes from the September 2017 position. The main changes were made to risks 5, 7, 8, 9 and 10.

4.4. There was discussion around the need to make further changes to the risk register to reflect the position as of June 2018. Mr McCaughey offered that in regards to Risk 1 there has been more Quality Improvement work carried out in the last 10 months than ever before, more staff are being exposed to and trained in Quality Improvement methodologies. Also, the first regional Quality Improvement programme for Nursing has taken place and 13 staff from NIAS have completed the South Eastern Trust SQE programme.

4.5. Mr Godfrey advised that, following a recommendation from RQIA, the Implementation Team are reviewing the Strategic Implementation Plan by mapping regional HSC initiatives that describe how objectives are being achieved. Mr Godfrey added that evidence is required on the current position of tasks to accurately reflect the level of risk on the risk register.
4.6. Dr Woods highlighted that there is significant overlap (risk 10) with the recommendations from the IHRD report. Dr McBride added that there is a separate workstream looking at the IHRD recommendations which needs to be monitored. We need to ensure that the policy of the recommendations remains on the risk register, however the implementation should be separate.

**Action Point 2 – Safety Strategy Unit** – To review the Risk Register to reflect the position as of June 2018. It would be important to set the risk context of the importance of how the key themes of the Q2020 Strategy relate to resetting public trust in the HSC system following recent events.

5. **Q2020 Task List – June 2018**

5.1. This paper was provided for information. It shows all project tasks since the outset of the Q2020 Strategy. The Implementation Team have suggested the next phases of existing tasks to be considered as new tasks. This was further discussed under agenda item 11.

6. **HSCQI – Update**

6.1. Dr Paddy Woods provided a verbal update on the current position with HSCQI.

6.2. Dr Woods advised that a paper on Regional Improvement and Innovation System Infrastructure was presented to TIG on 15 March 2018. The purpose of this paper was to seek TIG’s views on potential structural models for the delivery of a Regional Improvement and Innovation System (HSCQI).

6.3. The TIG paper proposed that the HSC Safety Forum should be reconstituted, hosted within the Business Services Organisation (BSO), with a governing council reflective of all relevant HSC interests for a finite period. Dr Woods stated that this entity should be seen as a new departure, but at the same time feel owned by the HSC system. Dr Woods advised that TIG were agreeable with the HSCQI incubator being hosted within BSO.

6.4. Exploratory discussions with the BSO Chief Executive have taken place to determine how this might work best in practice. This discussion also confirmed that hosting of the HSCQI incubator with a Director of Improvement reporting directly to the Chief
Executive would not align with the BSO corporate governance, accountability and management model.

6.5. Dr Woods stated that there is a degree of urgency to use the Transformation Fund money to recruit staff. The details are currently being looked at, and it is hoped there will be a clearer plan on hosting HSCQI incubation by the end of June 2018.

Mary Hinds and Grainne Cushley joined the meeting at this point

7. **Implementation Team Action Points**

7.1. Dr McBride welcomed the additional attendees to the meeting. The Implementation Team had three action points to address: upon which papers were provided which they outlined at agenda items 8, 9 and 11.

8. **Q2020 Communication and Engagement Plan**

8.1 Ms Cushley gave an overview of paper IT1. This paper was provided as an update to action point 6 from the previous Q2020 meeting on 19 January 2018.

8.2 A draft Q2020 information leaflet was also presented and views on this from members were welcomed by Ms Cushley.

8.3 Mary Hinds added that strong feedback had been received from HSC staff around communication and that this leaflet was intended to provide an update on Q2020 to date.

8.4 Dr McBride stated that he has been impressed by the SHSCT’s work on simulated learning and that there are mechanisms within this that we need to fully exploit.

8.5 Mr McCaughey offered that there needs to be a clear statement that we are learning from things that go wrong. Ms Hinds suggested that there could be a line at the beginning of the leaflet focusing on always learning and improving.

8.6 Dr McBride asked that more thought to be given on how the media and elective representatives can be included in the communication plan.
**Action Point 3 – Implementation Team** – Review terminology used in Q2020 information leaflet linked to Q2020 Communications and Engagement Plan

9. **Q2020 Benefits Realisation Templates**

9.1 Ms Hinds referred members to paper IT2 which provided an update on the current Q2020 project tasks and gave a verbal update on the latest position with the tasks. This paper was provided as an update to action point 8 from the previous Q2020 meeting on 19 January 2018.

9.2 Mr Godfrey stated that using the Quality 2020 Benefits Realisation Templates as an update on tasks is not an appropriate model. Mr Godfrey has discussed this with Ms Hinds and will be meeting again to agree a revised reporting model to be adopted for the next update report.

**Action Point 4 – Safety Strategy Unit/Implementation Team** – Consider a revised reporting model to replace Benefits Realisation template ahead of next Q2020 Steering Group meeting

10. **Key Principles for the design, content & delivery of training programmes relating to the Q2020 Attributes Framework**

10.1 Ms Cushley referred members to paper IT3 and provided an overview of the workshop held in January 2018 with key QI leads within the HSC. The purpose of this workshop was to explore the variation in content and delivery of QI training programmes throughout the region and agree the core components, in order to standardise programmes across the region.

10.2 Dr McBride asked Ms Cushley if she anticipates any difficulties with different views on the core components of the attribute frameworks. Ms Cushley stated she does not anticipate any difficulties as the attribute frameworks have already been shared with QI Leads.
10.3 Ms Cushley added that, following the first quarterly update received from HSCT’s, 32% of staff have been trained in Level 1.

10.4 General discussion reflected the need to practise/utilise the skills that are being developed. Ms Cushley added that there will be further discussions with regard to skills practice.

**Action Point 5 – Implementation Team** – To provide figures for quarter 2 (July – September) on the number of staff who have undertook Level 1 QI training.

11. **Q2020 Proposed Tasks for 2018/19**

11.1 Ms Hinds referred members to paper IT4. This paper was provided as an update to action point 7 from the previous Q2020 meeting on 19 January 2018.

11.2 Dr McBride stated that he is aware that there have already been discussions about the contents and layout of this paper. Mr Godfrey added that he has discussed this with Mary Hinds and the intention would be to move into “scale and spread” reporting for these initiatives as opposed to treating as new tasks. The scale and spread proposals relate to the tasks on Human Factors, Supporting Staff in SAIs, Always Events and Response to Adverse Incidents. It was agreed that there is scope for improved presentation of the information and to develop a method to measure improvement.

**Action Point 6 – Safety Strategy Unit & Implementation Team** – To consider how to report “scale and spread” stage for Q2020 tasks as opposed to recording as new tasks

11.3 There was discussion around the E-learning Assessment Tool Task (ELAT). An outline business case (OBC) paper IT7 has been provided at agenda item 14. Ms Hinds stated that the only change from the previous version submitted to the department is the suggestion that dermatology would be included.

11.4 Mr Godfrey stated that the preferred option in the OBC is option H: Commercial Off The Shelf (COTS) with further development with NI content however there has been criticism from auditors in the past for not using a COTS solution for IT systems when the NI needs should not be significantly different from those in the NHS in GB. Mr
Godfrey suggested that the business case would need strengthening in terms of the reason for this preferred option, specifically paragraph 5.2.23.

11.5 Dr McBride asked if members were content to approve this business case subject to changes discussed. The members agreed.

12. **Improving patient safety through multi-disciplinary simulation and Human Factors Training**

12.1 Ms Hinds referred members to paper IT5 and provided a verbal update. This paper has been submitted to Steering Group for approval.

12.2 Dr McBride stated it wasn’t clear from the presentation at the previous Steering Group meeting, on 19 January 2018, exactly what was being sought. Ms Hinds informed members she has held discussions with Dr Morrow, and that he is seeking resources for staff to be released to undertake the training. To allow this to be taken forward an appropriate business case would be needed.

12.3 Dr McBride informed he would be supportive of this proposal and asked members if they were content to approve the paper subject to the preparation of a business case. The members agreed.

13. **Pilot of Always Events in Northern Ireland Interim report**

13.1 Ms Hinds referred members to paper IT6 and provided a verbal update. This paper has been submitted to Steering Group for approval.

13.2 Ms Hinds stated that for the next stage of this task, it is proposed that individual scale and spread plans are developed for each of the Always Events. Also, there will be consideration given to the involvement of a service user.

13.3 Additionally, consideration is currently being given to piloting a bespoke social care Always Event as a result of the 10,000 voices review of adult safeguarding. This will be explored further with the relevant leads.
13.4 Dr Woods suggested choking in nursing homes as a possible social care Always Event task. Dr McBride offered that there could be an element around mental health and looking at the needs of mental health patients.

13.5 Dr McBride asked members if they were content to approve. Members were content.


14.1 This was covered along with agenda item 11.

15. AOB

15.1 It was suggested that it would be useful if the Implementation Team could provide a calendar of Q2020 events that are being held.

**Action Point 7 – Implementation Team** – Grainne Cushley to share calendar of Q2020 events

15.2 Mr McCaughey suggested that with the emergence of HSCQI, it may be time to reassess the remit of Q2020 Strategy.

**Action Point 8 – Safety Strategy Unit** – To review Q2020 Steering Group ToR and Governance Model to reflect HSCQI activity as part of Q2020 Strategy.

**Please note the dates of future meetings**

Friday 5 October 2018 at 10:00 am in D2 Conference Room
## Summary of Action Points

<table>
<thead>
<tr>
<th>Ref</th>
<th>Action Point and Update</th>
<th>Responsible Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To provide an update on the Health Complaints Analysis Tool (HCAT) project to the Patient and Public Involvement (PPI) Forum.</td>
<td>Safety Strategy Unit</td>
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Update sent to Martin Quinn, Regional PPI Lead, on 17/09/2018.

Complete

| 2   | To review the Risk Register to reflect the position as of June 2018.                     | Safety Strategy Unit               |

See agenda item 4.

Complete

| 3   | Review terminology used in Q2020 information leaflet linked to Q2020 Communications and Engagement Plan | Q2020 Implementation Team          |

Revised Q2020 leaflet provided.

Complete

| 4   | Consider a revised reporting model to replace Benefits Realisation template ahead of next Q2020 Steering Group meeting | Q2020 Implementation Team          |

See agenda item 5. Tasks have been reported on 3 main areas – background / progress / next steps.

Complete

| 5   | To provide figures for quarter 2 (July-September) on the number of staff who have undertook Level 1 QI training. | Q2020 Implementation Team          |

The most recent figures received by PHA up to 30\textsuperscript{th} June suggest that approx. 36% of HSC staff are trained at level 1. Quarter 2 figures, up to 30\textsuperscript{th} Sept are reported to the PHA at end October. This will be covered under Developing Professional Leadership task update.

Complete

| 6   | To consider how to report “scale and spread” stage for Q2020 tasks as opposed to recording as new tasks. | Safety Strategy Unit & Q2020 Implementation Team |

Revised benefits realisation templates are included in Appendix A of progress report. Where a task has moved to scale and spread – this has been recorded as phase 2 of the task. The background has been updated to reference this.
<table>
<thead>
<tr>
<th></th>
<th>Grainne Cushley to share calendar of Q2020 events</th>
<th>Q2020 Implementation Team</th>
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<tr>
<td>7</td>
<td>This is included in Q2020 Progress Report covered under agenda item 5.</td>
<td>Complete</td>
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<th>8</th>
<th>To review Q2020 Steering Group ToR and governance model.</th>
<th>Safety Strategy Unit</th>
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<tr>
<td></td>
<td>The review has concluded that it would be not be appropriate at this stage of strategy implementation to make major adjustments to the TOR or governance model however that this should be brought forward for consideration in 2019/2020 business to ensure that HSCQI activity and governance is captured during the enabling stages of HSCQI establishment. At this stage however it may be appropriate to initiate initial explorations of Q2020 Steering Group membership augmentation/adjustment to ensure that Q2020 implementation objectives are sustained during the transition stage of HSCQI establishment and that HSCQI activity is captured as part of the strategy implementation.</td>
<td>Complete</td>
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